EXHIBIT B

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Re. Marilyn Clark

I have been asked to review the medical records in the matter of Marilyn Clark v. Ethicon, Inc., et al. and to render an opinion on the nature and cause of Ms. Marilyn Clark' pelvic injuries.

In addition to the medical records reviewed, the opinions expressed below are based on my training, education, and experience. All of my opinions set forth below are held to a reasonable degree of medical certainty. I reserve the right to amend and/or supplement this report as new information or materials become available.

Marilyn Clark is a 54-year-old G2 P2 female who was implanted with a GYNECARE TVT-O SLING AND PROLIFT+M MESH on March 23rd, 2010. The surgery was unremarkable, without complications, and proper surgical technique was used in accordance with the GYNECARE TVT-O SLING AND PROLIFT+M MESH's Instructions for Use.

Ms. Marilyn Clark's defective mesh required mesh removal surgeries on 6/27/13 and 9/24/14 for incontinence, vaginal bleeding, mesh erosion, and abdominal and vaginal pain.

She has had since the surgery, the following complications:

- Urine incontinence
- Vaginal and pelvic pain
- Vaginal bleeding
- Mesh erosion
- Bowel symptoms
- Unable to have intercourse due to pain and vaginal scarring
- Unable to exercise
- Shame and depression
- Recurrent UTI
- Recurrent prolapse

Impression:

The GYNECARE TVT-O SLING AND PROLIF +M MESH. It includes my opinions about these defective pelvic mesh products. The defects of the GYNECARE TVT-O SLING AND PROLIFT +M MESH include the following:

- tendency to rope, curl, fray, and have particle loss
- chronic mesh inflammation
- chronic infections
- mesh contraction
- severe and permanent scarring
- scar plating and fibrotic bridging
- mesh erosions and exposures
- chronic pain and dyspareunia
- chronic foreign body reaction

The GYNECARE TVT-O SLING AND PROLIFT +M MESH lacked adequate warnings to physicians about all of these risks. It is my opinion, based on my training, experience and extensive review of the literature that the benefits of the GYNECARE TVT-O SLING AND PROLIFT +M MESH are outweighed by the severe, debilitating and life changing complications associated with the device that can arise in certain patients. These defective characteristics of the GYNECARE TVT-O SLING AND PROLIFT +M MESH are causing and/or significantly contributing to Ms. Marilyn Clark's complications. Because there is no way to safely remove the GYNECARE TVT-O SLING AND PROLIFT +M MESH in its' entirety after implantation, Ms. Marilyn Clark is at risk for all of these complications for the remainder of her life. Future surgeries will be far more complicated in her because of the dense scar tissue caused by the mesh, and more likely than not will increase scarring, related pain and tissue damage. It is my opinion that feasible, safer alternatives to this device have existed for patients. The Kelly Plication procedure has been done since 1913 when Dr. Howard Kelly first described the procedure at Johns Hopkins. Its success at curing stress incontinence has been studied to be 88 to 97% and is the standard of care for the treatment of SUI. The Kelly plication eliminates the severe, chronic and debilitating mesh complications discussed above because no mesh is used in the procedure.

In reviewing Ms. Marilyn Clark's medical records, I have considered her pre-implant medical and surgical history, and utilized my education, experience, and training in performing a differential diagnosis to rule out any other potential causes of Ms. Marilyn Clark's pelvic injuries. After the implantation of GYNECARE TVT-O SLING AND PROLIFT +M MESH, she suffered her debilitating symptoms that she di not have prior to her procedure in 2010. She continues to have these complications despite multiple attempts to correct and remove the mesh.

To a reasonable degree of medical certainty, Ms. Marilyn Clark suffers the complications listed above as a result of the GYNECARE TVT-O SLING AND PROLIFT-M MESH device.

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